

good example

Application for State-Allowed Accommodations
March 2007 Michigan Merit Examination (MME) – Day 1
Receipt Deadline: January 10, 2007

MI

Important NOTE: Do NOT use this form to request ACT-approved test accommodations. Complete this form ONLY for a student who does not meet ACT's requirements or whose request has been denied by ACT. Scores achieved with State-Allowed Accommodations will be used for MME purposes but will NOT be reported to colleges, scholarship agencies, or any other entities.

This form is to be completed by a school official, such as counselor, special education teacher, or principal.

A. STUDENT INFORMATION (Please print clearly.)

Haze, Susan 7-4-91 _____
 Student Name (Last, First, M.I.) Date of Birth (Mo/Day/Yr) Social Security Number (optional)
51 Lakeshore Dr. Anywhere, MI _____
 Student Street Address or PO Box City State Zip Code
Anywhere HS _____
 Name of High School the Student Attends and Where the Student Will Test ACT High School Code (required)

 Name of Home High School (only if different from school attends) ACT High School Code (required)

B. REASON FOR REQUESTING STATE-ALLOWED ACCOMMODATIONS. Check one.

- ☐ (IEP) Individualized Education Program ☐ (504) Section 504 Plan ☒ (ELL) English Language Learner

C. TEST FORMAT REQUESTED. Check only one. All test books, including large type, and all answer folders are printed in English. (Braille, if applicable, is normally an ACT-approved accommodation. If a student needs Braille in addition to other State-approved accommodations, please call ACT before completing this application.)

English Formats	English Formats (cont'd)	Spanish Formats	Arabic Formats
<u>Printed Booklet</u>	<u>Audio DVD</u>	<u>Audiocassette Spanish</u>	<u>Audiocassette Arabic</u>
<input type="checkbox"/> (01) Regular Type (10-point)	<input type="checkbox"/> (DA) with Regular Type	<input type="checkbox"/> (4A) with Regular Type	<input type="checkbox"/> (4B) with Regular Type
<input type="checkbox"/> (02) Large Type (18-point)	<input type="checkbox"/> (DD) with Large Type	<input type="checkbox"/> (5A) with Large Type	<input type="checkbox"/> (5B) with Large Type
<u>Audio Cassette</u>	<u>Video English</u>	<u>Video Spanish</u>	<u>Video Arabic</u>
<input type="checkbox"/> (04) with Regular Type	<input type="checkbox"/> (DG) DVD with Regular Type	<input type="checkbox"/> (DB) DVD with Regular Type	<input type="checkbox"/> (DC) DVD with Regular Type
<input type="checkbox"/> (05) with Large Type	<input type="checkbox"/> (DH) DVD with Large Type	<input type="checkbox"/> (DE) DVD with Large Type	<input type="checkbox"/> (DF) DVD with Large Type
<u>Reader's Script</u>	<input type="checkbox"/> (VG) VHS with Regular Type	<input type="checkbox"/> (VB) VHS with Regular Type	<input checked="" type="checkbox"/> (VC) VHS with Regular Type
<input type="checkbox"/> (07) with Regular Type	<input type="checkbox"/> (VH) VHS with Large Type	<input type="checkbox"/> (VE) VHS with Large Type	<input type="checkbox"/> (VF) VHS with Large Type
<input type="checkbox"/> (08) with Large Type			

D. SCHOOL OFFICIAL'S SIGNATURE (required). I affirm the student named on this form attends this school. I have explained to the student and the student's parent/guardian that scores achieved with State-Allowed Accommodations will be reported **ONLY** to the state department of education for state assessment purposes and will **not** be reported to colleges, scholarship agencies, or any other entities.

Marcia Kordette ELL Coordinator
 School Official's Signature (may not be a relative of the student) Print Official's Name and Title

E. STUDENT AND PARENT SIGNATURES (required). I understand that scores achieved with State-Allowed Accommodations will be reported **ONLY** to the state department of education for state assessment purposes and will **not** be reported to colleges, scholarship agencies, or any other entities. I understand that the student's notification of scores will be sent to the high school in August.

 Student's signature (required if 18 or older)
Susan Haze 11-6-06
 Parent/legal guardian signature (required if student is under 18) Date
 NOTE: School official may sign for parent/legal guardian if verbal approval has been obtained by phone.

SUBMITTING THE APPLICATION. Incomplete or unsigned forms will not be processed. The request **must** be submitted with a signed Test Accommodations Coordinator Header. Address all requests from your school as a group to: ACT State Test Accommodations-MI, 301 ACT Drive, PO Box 4071, Iowa City, IA 52243-4071. All submissions must be received at ACT by **January 10, 2007**. (Keep a photocopy for your files.)